

Trauma-Informed Care in Faith-based communities as a response to Violence in the United States

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Abstract

Trauma comes in many forms, and can have severe long-lasting effects on individuals, families, and communities. In 2020 it was estimated that 100 million people were in need of protection assistance due to conflict, violence, epidemics and climate-related disasters, or a mix of all four (UNOCHA, 2020). These life-changing events have a significant impact on people's mental and physical health by damaging their interpersonal relationships, their community's social fabric, their economic situations and overall governance. One in five people living in areas affected by violence and conflict experience significant mental health conditions like depression, anxiety disorder, substance misuse and post-traumatic stress disorder (PTSD) (UNDP, 2022). Healing requires quality mental health resources that are lacking in most parts of the world and access is greatly limited for those in poverty and/or without health insurance. Faith communities are located in the midst of this pain and suffering. Core values of caring for neighbors and repairing the world make these houses of worship prime settings for people to gain insight to traumatic triggers and coping skills. They can play an important role in breaking the cycles and the intergenerational transmission of trauma and violence needed to achieve the Sustainable Development Goals (SDGs). Triumph Over Trauma is a program that provides resources for faith-based leaders to bring trauma-informed care to their communities. It was adapted by Harper Hill Global in partnership with the National Association of State Mental Health Program Directors (NASMHPD) from a program used by NASMHPD in prisons for two decades, helping inmates recognize the lasting effects of trauma and learn healthy ways to cope with triggers/trauma reminders, also adapted for psych units, homeless programs, and youth detention centers. This training has been provided free of charge to faith-based leaders to facilitate a 7-week program and begin peer support groups in their communities. Since 2021, the program has been given in the United States (in places such as Memphis, Tennessee) as well as online in 10 Countries (USA, DR Congo, Uganda, Zimbabwe, Nigeria, Côte d'Ivoire, Philippines, Malawi, Central Africa Republic and Kenya). This trauma-informed and interfaith approach has also developed special supplemental materials for Christian, Jewish people, Muslims and Native Americans, and most recently has started translating this material into other languages (such as Spanish), and is developing new versions of the curriculum for young people and children, people who are deaf or who have auditory difficulties and LGBTQ+. This program allows participants to learn about the effects of traumatizing experiences, how to recognize unhealthy triggers and how to choose healthy coping skills to improve the quality of their inner and outer life. Trauma-informed approaches such as this have great potential for continued peace and awareness building surrounding the importance of mental wellness, developing healthy coping skills, self and community resilience and preventing the propagation of violence. However, there are still challenges. There is a need for more regional coordinators and trainers for interfaith coalitions working to mitigate societal violence and a greater push for funding to coordinate and train more faith-based leaders already working in their communities.

Introduction

Trauma is a widespread, harmful and costly public health problem that comes in many forms, and can have long lasting effects on individuals, families, and communities. It can occur as a result of violence, abuse, neglect, loss, disaster, war and other emotionally harmful experiences (SAMHSA, 2014). Traumatic events can happen at any age to any person and may be experienced by an individual, a generation, or an entire community or culture (SAMHSA, 2023). In 2020 it was estimated that 100 million people were in need of protection assistance due to conflict, violence, epidemics and climate-related disasters, or a mix of all four (UNOCHA, 2020). These life-changing events have a significant impact on people's mental and physical health by damaging their interpersonal relationships, their community's social fabric, their economic situations and overall governance (UNDP, 2022). One in five people living in areas affected by violence and conflict experience significant mental health

conditions like depression, anxiety disorder, substance misuse and post-traumatic stress disorder (PTSD) (UNDP, 2022).

Worldwide estimates suggest that over 70 percent of people experience at least one traumatic event in their lifetime, with almost 31 percent being exposed to four or more such events (Benjet et al. 2016). In the United States, 90 percent of adults report exposure to at least one traumatic event, with women reporting higher rates of direct interpersonal violence, sexual assault, and physical assault than men (Kilpatrick et al. 2013). Many patients in primary care have significant trauma histories with impact on their health and their responsiveness to health interventions (SAMHSA, 2014). Children and families in the child welfare system similarly experience high rates of trauma and associated behavioral health problems (SAMHSA, 2014). Young people bring their experiences of trauma into the school systems, often interfering with their school success. And studies of people in the juvenile and criminal justice system reveal high rates of mental and substance use disorders and personal histories of trauma (SAMHSA, 2014). Between 17–34% of justice involved individuals are people with serious mental illness, many times the rate in the general population (NASMHPD, 2021).

Although not everyone who experiences a traumatic event will experience lasting negative effects, unaddressed trauma significantly can increase the risk of mental and substance use disorders, death by overdose, suicide and chronic physical diseases, including cardiovascular disease and cancer (SAMHSA, 2014; SAMHSA, 2023). In some cases the cycle of trauma and violence can be continued, if unaddressed. Wright and Fagan, 2023 researched interpersonal violence in relation to community violence and determined that when violence is normalized, people are more likely to use it as a coping skill to deal with problems, even in non-threatening situations. “When violence is normalized, people are more likely to use it as a coping skill to deal with problems.” (Wright and Fagan, 2013).

Nonetheless, trauma recovery and healing is possible through appropriate and adequate support at the individual, family, and community levels (SAMHSA, 2023) within an organizational or community context that is trauma-informed, that is, based on the knowledge and understanding of trauma and its far-reaching implications (SAMHSA, 2014). Research has indicated that with appropriate support and intervention, traumatic experiences can be overcome, however, most people do without these services and support (SAMHSA, 2014). In most communities, access to mental health resources is limited and/or unaffordable for those in poverty and/or without health insurance. People sometimes live in environments where re-traumatization and a sense of hopelessness can ensue. Especially when it comes to the public institutions and service systems that are intended to provide services and support to individuals that often themselves trauma-inducing or re-traumatization (SAMHSA, 2014).

Faith-based communities are located in the midst of human pain and suffering and can play an important role in breaking the cycles and the intergenerational transmission of trauma and violence needed to achieve the Sustainable Development Goals (SDGs). Core values of caring for neighbors and repairing the world make these houses of worship prime settings for people to gain insight to traumatic triggers and coping skills. From a religious standpoint, there is great potential for the faith sector to contribute. Local faith actors have the ability to access broader populations and territories which mental health professions are unable to reach (USIP 2021). This is an untapped resource and potential for activating faith-based networks and leaders, considering its size. In the United States seven in ten Americans (70%) identify as Christian, 5% identify with non-Christian religions (Jews, Muslims, Hindus, Buddhists, Unitarian Universalists, and adherents of any other world religion), and 23% Americans are religiously unaffiliated, according to the 2020 census of American religion carried out by PRRI (PRRI 2021).

Faith actors have credibility within their communities, can shape conversations, and as often the first or only place that individuals seek help, can play a vital role in facilitating access to treatment and reassuring families of their faith (Greenstein 2016). Research has demonstrated that religion has had positive impacts on mental health, including a reduction in suicide rates, alcoholism and drug use. In survivors of conflict, the religious element of their narratives is important to understanding their experiences and processing their trauma (Greenstein 2016). The Epidemic of Loneliness and Isolation by the U.S. Surgeon General’s Advisory on the Healing Effects of Social Connection and Community (Office of the U.S. Surgeon General, 2023), also speaks to this. As a source for regular social contact,

religious or faith-based groups can serve as a community of support, provide meaning and purpose, create a sense of belonging around shared values and beliefs, and are associated with reduced risk-taking behaviors. They can play a role in fostering the social connections needed to counteract profound consequences of loneliness and isolation as well as community violence (Office of the U.S. Surgeon General, 2023). One recent study on community violence showed that a one standard deviation increase in social connectedness was associated with a 21% reduction in murders and a 20% reduction in motor vehicle thefts (Stuart and Taylor, 2021).

It is also important to acknowledge that religion has played a central role in both causing conflict and facilitating peace. Realizing this potential depends on a range of contributing and inhibiting factors on multiple levels: organizational, social, political, theological, ethical and spiritual (Hertog, 2010). While there are gaps in institutions and systems providing mental health services, in relation to trauma, there are also challenges to be bridged from the faith sector. In his book, "Examination of the Barriers Pastors Face when Providing Pastoral Counseling or Referrals in the African American Church", Rev. Dr. Kennard Murray examines the resistance to receiving professional counseling or therapy in the African American community. The reasons parishioners seek out pastors for help during emotional distress, whether pastors feel adequately equipped to provide such counseling and which is in many occasions outside pastoral training, included religious, cultural and language barrier amongst others. Rev. Dr. Kennard Murray highlighted emerging methods of providing church-based pastoral counseling in local churches to address the barriers of resistance to seeking mental health help in the community at large such as trauma-informed care programs (Murray 2010, 1-162). Thus, highlighting the role of trauma-informed approaches in faith settings in tackling the gaps and challenges in the mental health, societal and pastoral counseling systems needed to address trauma and violence in society.

Background. TAMAR: A trauma-informed approach as a response to violence

In 1999, the Substance Abuse and Mental Health Services Administration (SAMHSA) Women and Violence project site in Maryland developed a psycho-educational program called TAMAR - Trauma, Addictions, Mental Health, and Recovery. This program, lead by Joan Gillece, Ph.D., and Andrea Karfgin, Ph.D., both from the Maryland Department of Behavioral Health, was based on SAMHSA's concept of a trauma-informed approach which integrated trauma focused research work, practice-generated knowledge about trauma interventions, and the lessons articulated by survivors of traumatic experiences who have had involvement in multiple service sectors (SAMHSA, 2014). A **second edition** of this program was produced for the New York State Department of Corrections and Community Supervision (NYS DOCCS) as a trauma-specific intervention for individuals incarcerated in NYS correctional facilities in collaboration with the National Association of State Mental Health Program Directors (NASMHPD) Center for Innovation in Trauma-Informed Approaches and Advocates for Human Potential, Inc. (AHP). A **third edition** was created by the National Association of Mental Health Program Directors (NASMHPD) titled TAMAR-Y for youth in the Maryland Department of Juveniles Services. The **fourth edition** of TAMAR, was produced in 2022 by NASMHPD in collaboration with Harper Hill Global (HHG) to provide trauma-informed care resources for faith communities seeking to provide community care. NASMHPD contracted with Harper Hill Global to assist in increasing capacity in the United States to serve people with mental health needs in communities. The psycho-educational TAMAR program, originally funded by SAMHSA twenty-five years ago, was revised and customized to expand trauma and mental health services in congregations currently offering Alcoholics Anonymous, Narcotics Anonymous, and various other Twelve-Step services. The program, named **Triumph Over Trauma**, has been provided free of charge to faith-based leaders to facilitate a 7-week program and begin peer support groups in their communities. This program allows participants to learn about the effects of traumatizing experiences, how to recognize unhealthy triggers and how to choose healthy coping skills to improve the quality of your inner and outer life.

The purpose of this paper is to present the development of the Triumph Over Trauma program, the evidence-based research it built on, how it is intended to work as a model in faith-based communities for trauma-informed care, and its application in the United States.

Triumph Over Trauma as a trauma-informed and multifaith approach

In 2017, HHG helped build the Mama Lynn Center for survivors of sexual violence in east DR Congo through the United Methodist conferences and was asked to replicate the Center abroad by women leaders from neighbouring countries such as Nigeria. Seeking a contextually-adaptable trauma-informed model, that could be used as a model in buildings that already existed, rather than building new ones, Neelley Hicks, CEO and Founder of HHG, connected with NASMHPD, whose TAMAR program, a 30-session curriculum, had been used for psych units, homeless programs, correctional institutes and youth detention centers, helping individuals recognize the lasting effects of trauma and learn healthy ways to cope with triggers, and had produced positive results in the United States for over 20 years. This led to testing and piloting the TAMAR program in faith contexts.

Online facilitator training. In the fall and winter of 2021/2022, Harper Hill Global offered a 3-day online training to participants from 10 Countries (USA, DR Congo, Uganda, Zimbabwe, Nigeria, Cote d'Ivoire, Philippines, Malawi, Central Africa Republic and Kenya) to lead TAMAR groups based on NASMHPD's third version of TAMAR; trainees were taught the importance of meeting people where they are and of respecting individual faith tradition choices. After the training, participants took what they learned to faith-based and/or grassroots communities and other interested groups. Many expressed how the training had opened my mind and helped them understand the harmful ways people use to deal with trauma and stress. Yet, there was an overall concern for the little awareness that their communities had on the effects of trauma on people's behavior and life choices and a demand and an expression of willingness to help expand the program's reach (Orocho 2023).

TAMAR Group pilots. In Spring 2022 following the training, three pilot TAMAR groups were founded in Africa (one in Uganda and 2 in Northern Nigeria) and led by facilitator trainees who had attended the 3-day online training, using only 6 of the 30 sessions of NASMHPD's third TAMAR version. Facilitators contextualized as necessary using local traumatic event examples, languages, and engagement with their local communities. Start up grants provide supplies for attendees such as journals, writing utensils, and flip charts with markers for classroom engagement in addition to refreshments for participants (Orocho 2023). The pilot groups quickly multiplied, expanding the program's reach as additional facilitators were trained after having attended the program so that new groups would form as a much needed resource for hurting people. The 3 initial pilots in Uganda and Northern Nigeria, quickly added new facilitators forming 9 groups. When those completed, 13 new groups began, and upon their completion. All in all, an estimated total of 17+ new groups were formed, reaching 400+ people, helping existing community helpers help others in wise ways.

- George Kannington Oroch, who began the model in Uganda with no more than 15 people in a group, reported that “between April 2022 to March 2023, we organized, trained, and now supervise 20 groups with 308 members/participants. Out of the 20 groups, 15 are women's groups with 230 members, and 5 are men's groups with 78 members.” (Orocho 2023).
- In Northern Nigeria, the pilots were focused on women leaders from the United Methodist faith tradition, led by Doris Adamu Jenis and Dr. Rhoda Manzo each. In these groups, breaking the silence of trauma was a key and transformative lesson for those who attended. Often, Christians just tell people to pray when something is wrong. While this may be one effective way to lessen pain, it does not absolve people from having to do other important body-mind practices for the recovery from trauma. Following the pilots' successes, Harper Hill Global funded a gathering for women leaders in 6 Northern Nigeria United Methodist Districts to be trained in the 6-week model. This disseminated the work to be shared more widely throughout the whole Northern Nigeria region and for people to replicate the work from the initial two pilots there, which evolved then into 8 groups. It was so well received that key leaders are now asked to travel within the region to do Triumph Over Trauma workshops for large groups of 200 or more. (Garba 2022).

Invitation to develop the program for the United States. At the 2022 inception of the nationwide mental health crisis line (988), Harper Hill Global was invited to parallel the progress of faith communities in Africa within the United States of America. NASMHPD contracted with Harper Hill Global to assist in increasing capacity in the United States to serve people with mental health needs in communities. The country had been experiencing a mental health crisis due to COVID, gun shootings, systemic racism and hate crimes, and sexual abuse and violence. For the crisis line to be successful, more work is needed at the grassroots level to lessen the number of mental health crises and stem the tide of preventable traumatic events. Harper Hill Global and NASMHPD believed that through TAMAR, houses of worship supported as they helped their communities - building a similar model as in Africa and providing much-needed care that stands in the gap between affordable and accessible mental health resources. While faith-based institutions have learned various aspects of trauma-informed care (i.e., Adverse Childhood Experiences, Resiliency, etc.), most have not learned to integrate new practices in mitigating retraumatization and helping individuals heal from past trauma. Many well-meaning people of faith still offer trite sayings to traumatic events, such as, "God needed another angel" upon the death of a child, while some take comfort in their loved ones no longer having to suffer from deep poverty where housing is insecure. These responses can brush over the depth of pain that is very real and which needs a holistic response and approach. Faith communities host 12-Step and other recovery programs which deal often with the symptoms of trauma while not addressing the underlying causes of the need to self-soothe in sometimes harmful ways. However, the psycho-educational TAMAR program originally funded by SAMHSA, could be revised and customized to expand trauma and mental health services in faith buildings currently offering Alcoholics Anonymous, and various other Twelve-Step services. And thus, the Triumph Over Trauma was born as an embodied practice within group settings, and carry forth lessons in greater community and family settings.

Triumph Over Trauma 7-week TAMAR (fourth edition of TAMAR) program development

The adaptation of TAMAR to faith-based contexts in the United States was carried out through discussions with faith leaders, which was then processed through SWOT and qualitative data analysis to gather feedback and insights for the development of the program and supplemental materials.

US Based roundtable/focus groups with faith leaders. As of July 14, 2022, 40 one-on-one interviews, three diverse roundtable focus groups, and surveys were conducted online in the United States to review a 7-week TAMAR draft program edition adapted from the correctional language and containing the extracted necessary parts to provide an essential tool kit on trauma-informed care to fit faith-settings. Participants were asked to complete an online survey about the provided draft edition prior to attending online roundtable meetings. The roundtables had the following goals of (1) Understand how TAMAR is received by those working within faith-based organizations and their communities, (2) Identify any concerns or challenges faith communities will face as they begin Triumph Over Trauma to determine how we may address them when the full program (TAMAR, Peer Support, TAMAR-Y) is released, (3) Gain insight as to the opportunities this program will provide to faith communities wanting to help their neighbors and (4) Identify the groups who will benefit from the program. Participants included faith leaders from the Abrahamic faith traditions (Islamic, Jewish, and Protestant Christian) within various ministry settings. These individuals came from different regions in the US, different ethnic and racial groups (White, LatinX, and African), generations (20 -70 years old) and upbringings and lived-experiences (ranging from privileged lives to violent urban community origins). Special focusing on those who were most interested in becoming facilitators and/or trainers within their networks. Additional roundtables were conducted for faith leaders within similar settings such as Native American, Deaf, and LGBTQ+ communities. Faith leaders from the Asian population, unfortunately, did not participate.

SWOT Analysis. An analysis was carried out to gather input on the strengths, weaknesses, opportunities, and threats of faith communities who were interested in leading others through TAMAR, where mental health programs are inaccessible or unaffordable (Chart 1).

Chart 1. SWOT Analysis Results from the 7-week TAMAR edition Roundtables in the United States

<p style="text-align: center;">STRENGTHS</p> <ul style="list-style-type: none"> ● A missing link between knowledge about resiliency and applying trauma-informed care ● Easy to understand and follow ● Actual change and improvement ● Possibility for inter relational development among disparate groups of people 	<p style="text-align: center;">WEAKNESSES</p> <ul style="list-style-type: none"> ● Contextualization is missing for faith traditions and various ethnicities ● How will people know where to find a group? ● How will facilitators be supported? ● Unable to solve access to mental health services to minorities (ethnically or differently-abled)
<p style="text-align: center;">OPPORTUNITIES</p> <ul style="list-style-type: none"> ● Allows people of faith to be greater practitioners of love ● Brings churches/mosques/synagogues/temples into relationships with those beyond their faith traditions and congregational demographics 	<p style="text-align: center;">THREATS</p> <ul style="list-style-type: none"> ● Creating a sense of safe space in religious settings to those who have been marginalized (LGBTQ+, classism, sexism, sexual abuse) ● Fear of lay people being inadequate for the task

Qualitative data analysis. Data extraction and reduction with qualitative analysis groupings was taken from roundtable transcripts, recordings, notes and written feedback provided by email directly or through reviews to summarize the discussions and the reviewers' survey responses, and gather insights and recommendations on the problems and challenges facing faith communities. Discussions included topics in: Resilience care, multi faith dialogue, mental health, safety, faith-based communication, forgiveness, and setting ground rules; Specific community needs of rural environments; Populations underrepresented in Mental Health Care (African Americans, immigrants, LGBTQIA+ community, Islamic communities, native american/Alaskan native, differently-abled communities); and disaster context trauma and Violence (such as gun violence as a national trauma in the United States and the recent war in Ukraine).

Triumph Over Trauma TAMAR 7- weeks Program Outcome

All of the previous insights from discussions with faith leaders were taken into consideration to produce the final edition of the TAMAR 7- week manual, edited and revised by David A. Washington, MSW, and Charryse N. Wright, M.Div., BSW.; and for the development of supplementary and adjunct materials.

How it works. Triumph Over Trauma begins with a 7-week facilitated group called TAMAR (Trauma, Addiction, Mental health, And Recovery) that teaches participants to define what trauma is, understand its effects, and learn essential body-mind coping skills. Triumph Over Trauma is designed as a psycho-educational group, not a mental health group, and therefore is not meant to replace mental health professional counseling. These groups are then meant to transition to a peer-support group model, where members can remind and encourage one another to practice these healthy methods, especially as re-traumatization or feelings of hopelessness occur. Both TAMAR and the peer-support group fall under the umbrella of Triumph Over Trauma.

Trained facilitators in TAMAR. As part of the Triumph Over Trauma program, individuals from faith-based communities (i.e.churches, mosques, synagogues, temples), can be trained to be facilitators of TAMAR within their congregations and build community among participants. Trained facilitators get briefed on how to use the manual to facilitate effectively, compassionately, and empathetically, provide a safe and confidential space, where people can feel physically, emotionally, and spiritually safe from trauma and retraumatization. Such as AA, AlAnon, and NA groups hosted in religious settings, with participants that may or may not be members of that congregation. Facilitators lead each discussion and debriefing and may also train additional leaders to multiply the presence of psychoeducation within the USA. The program equips congregations with resources for social media

and local outlets to create public awareness, and for guiding people to additional support through local mental health services and providers beyond what Triumph Over Trauma provides.

Faith context supplements development. Special supplements for faith communities in Christian, Jews, Muslims and Native Americans contexts were developed to illuminate the lessons of TAMAR through the lenses of faith and culture. Charryse N. Wright, M.Div., BSW, wrote the Christian Context Supplement. Imam Ossama Bahloul, a resident scholar of the Islamic Center of Nashville, wrote the Islamic supplement. Lynn Heady, a member of Congregation Micah, a Reform Jewish synagogue, and founding member of the Braver Angels Nashville Alliance, wrote the Jewish supplement in concert with other Nashville Jewish leaders. The Rev. Carol Lakota Eastin “Morning Skyhawk” and the Rev. Michelle Oberwise Lacock “Morning Star Spirit” wrote the Native American curriculum. Eastin serves in the Illinois Great Rivers Conference, and Lacock in the Northern Illinois Conference.

Facilitator guide to inclusion and debrief guides. The Rev. Keith Caldwell, pastor of Nashville's Seay-Hubbard United Methodist Church and an elder in the Tennessee-Western Kentucky Conference, wrote a guide to diversity, equity and inclusion addressing the traumatic effects of racism, and acknowledging how theology in some cases, has been to oppress black people. Marissa Fox, LCSW-C wrote the Facilitator's Debrief Guide to help facilitators understand what is happening with them, as they may be triggered when leading groups through the curriculum.

Development of other versions of TAMAR 7-week program. A version of the curriculum for youth (TAMAR-Youth) was adapted, edited and revised by David A. Washington, MSW, Charryse N. Wright, M.Div., BSW, Marissa Fox, LCSW-C, and Mylan Barnes. Also, new versions of the curriculum are under development for vulnerable groups such as people who are deaf or who have auditory difficulties and LGBTQ+, estimated to come out in September 2023.

Development of additional resources. Complementary and supporting resources developed for the Triumph Over Trauma program included: a social media guide with materials for promotion; animated videos adapted from the videos of inmates by NASMHPD who went through TAMAR (Healing from inside out) to broaden their use; a Triumph Over Trauma podcast series interviewing the different contributors of the program and authors related to the context of trauma, which can be viewed on youtube playlist (Harper Hill Global 2023); the Song “I am Whole”, written and produced by artist Tameka Ferebee specially for Triumph Over Trauma and meant to be sung in congregations; and a text messaging system that sends free daily messages for inspiration, by texting HOPE to 1-615-933-5387.

TAMAR 7-Week Program Contents

Program sessions. TAMAR's fourth version is composed of 7 sessions, listed in table 1, distinguishing the adult version (TAMAR) from the youth version (TAMAR-Youth). Sessions contain a variety of visual, auditory, kinesthetic, and reading and writing sessions for participants that cover subjects such as how the brain works, the fight-flight-freeze-fawn response, self-care, community resources, team building, de-escalation, communication techniques and identification of healthier coping strategies.

Creative Expression in TAMAR. The program is based on the role that creative expression and art processes have in helping people re-construct their worldview and self-image, adaptively integrating the trauma experience and its aftereffects (Cohen, B., Barnes, M., & Rankin, A. 1995). And on research conducted on historically underserved youth that found significant positive results from interventions that involve drama, storytelling, and other expressive aspects (Kisiel et al. and Zucker et al. 2006).

Session Elements. Each Session includes 5 main elements: I. Check in at the beginning; II. Reminder of agreements for participation and sharing of personal information; III. An interactive educational and discussion component, using multimedia (videos) as teaching tools and incorporating art, writing, or

expressive activities; and the addition of songs as optional in TAMAR-Youth; IV. Mind-body skills (soothing activity near the end of the session); V. A check-out at the end of the session.

Mind-body skills. Proven techniques to activate the body’s parasympathetic relaxation response, to aid in “switching off” the sympathetic “fight or flight” nervous system response” to calm the trauma response are suggested as mind-body skills practice exercises each session in order for participants to practice and discover which skills they prefer to use in a variety of stressful situations.

Table 1. Program Sessions, language available in and mind/body skills of TAMAR 7-week program

	TAMAR 7-week program (Adult)	TAMAR-Youth 7-week program
Program Sessions	SESSION 1: Introduction to TAMAR SESSION 2: Trauma and Its Impact SESSION 3: The Effects of Trauma SESSION 4: Trauma Reminders SESSION 5: Self-Soothing SESSION 6: Introduction to Mindfulness SESSION 7: Closing Celebration	SESSION 1: Introduction to TAMAR-Y SESSION 2: Who Am I SESSION 3: The Effects of Trauma SESSION 4: Trauma Reminders SESSION 5: Keeping It Together - Containment SESSION 6: Introduction to Mindfulness SESSION 7: Closing Celebration
Language	English and Spanish	English
Mind/body Skills	Abdominal Breathing, 4:8 Breathing, Felt Sense somatic art exercise, Imagery exercise: Oasis spot in nature, Body Scan, Progressive Muscle Relaxation (PMR), Mindfulness- Getting in Touch with Wise Mind	Belly Breathing, “take 5” finger-tracing technique for grounding and relaxation, Grounding, guided meditation, gratitude practice, yoga, mindfulness - Getting in Touch with Wise Mind, Mindful eating, and other movement-based therapies.

Offering of the Triumph Over Trauma program in the United States and abroad

The first training on TAMAR 7-week program was carried out on September 15th, 2022. Since then, until August 2023, 20+ free trainings have been offered (including TAMAR, TAMAR Spanish (launched April 2023), and TAMAR-Youth (launched July 2023)). Based on the available information of the registration to online trainings, Triumph Over Trauma TAMAR trainings have included over 200 attendees (80 online) from at least 4 countries (United States, Nigeria, Uganda and Sierra Leone), at least 14 states (California, Florida, Georgia, Illinois, Indiana, Kentucky, Maryland, Michigan, Mississippi, Nebraska, New York, Tennessee, Washington, Washington DC) and from Christian, Agnostic, Muslim, Jewish, and Native American faith traditions. An in-person introductory event was held in Memphis (African American Faith Leaders Summit) which incidentally followed the day after the Covenant School shooting in Nashville, Tennessee (Hunter 2023). This introductory event resulted in more people attending the online training to learn how to facilitate groups in their local settings, and coordinate with other faith communities for a more dedicated communal response to trauma.

Growing interest in the program. We have had more than 160 registrations for our online courses, showing an interest in our program from over 6 new countries (adding Afghanistan, Argentina, Cameroon, Chile, Democratic Republic of Congo, and Tanzania), and over 23 states in the United States (Adding 9 new states: Alabama, Arizona, Delaware, Nevada, New Jersey, Oregon, and Texas). These have included around 70-73% women, 25% men, 2-5% individuals of other gender identities.

Preliminary Monitoring and Evaluation. The program is in the process of establishing a monitoring and evaluation strategy to map the program’s reach and impact, through surveys for pre and post-training feedback and to map TAMAR groups within the United States and abroad.

Program preliminary feedback. The program has received positive responses. From 40 individuals that filled out our feedback surveys, 100% of the individuals agreed that the training was thorough enough for them to begin leading a group within their communities. The practice of TAMAR exercises

aided in their understanding TAMAR in various ways, including: learning mindfulness exercises, identifying some root cause and effects of trauma; It helped individuals understand their feelings, how being aware of triggers, trauma, etc. are important aspects of the recovery work, gain confidence in leading a TAMAR group, understand the importance of vulnerability and boundary setting, recognizing symptoms of stress and developing healthy responses, experience what they will be inviting others to experience and experience the effectiveness of the program, amongst others.

Conclusion: Potential and Challenges

At the Midpoint of the Sustainable Development Goals, Trauma-informed and interfaith approaches such as Triumph Over Trauma have great potential for bringing peace and awareness to the importance of mental wellness in preventing and reducing violence against self and others in society. The amount of Americans affiliated to any faith traditions and the faith traditions' grassroots networks who have taken Triumph Over Trauma training and are using the TAMAR 7-session program amongst the Jewish, Muslim, Black, Latinx, and Native American communities speak to this potential. Trusted leaders within faith communities often shape the conversations and understanding of mental health in these contexts. By training them in trauma-informed community care, we generate a greater social connection, trust and resilience needed to overcome religious, cultural, and language barriers related to resistance to receive mental health care. Trauma-informed faith congregations can play a vital role in tackling fear and stigma of professional mental healthcare, and facilitating access to treatment while reassuring families of their faith. Where there is limited access and affordability, congregations often serve as alternatives. Training is critical to address compounded stress fractures of poverty, low income, unaffordable housing, immigration documents, lack of health insurance, etc. amongst all faith traditions. The Triumph Over Trauma program team hopes to keep expanding this program to further reach the faith-based community in the United States. However, while trauma-informed and interfaith approaches such as this can breach the existing gaps, there are still challenges. There aren't enough Spanish, Arabic and ASAL-speaking mental health therapists in the United States for congregations to refer to. Regional community organizers are needed to support facilitators, coordinate with localized mental health services, and gain momentum with facilitators and participants. More volunteer facilitators are required to begin groups in their communities. In-person regional training events are needed that focus on local needs. And, more funding and sponsors are needed for local efforts already working in their communities to mitigate societal violence. Interfaith trauma-informed approaches cannot do this alone.

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